

EMPLOYMENT APPLICATION TO THE CITY OF SELMA, ALABAMA

Please read the entire application and answer every question in your own handwriting. Write NO or NONE (N/A) after questions that do not apply to you.

PRINT FULL NAME

(First)		(Middle)		(Last)															
PRESENT RESIDENCE																			
(Number)	(Street or Route)	(City)	(County)	(State)	(Zip Code)														
How long have you lived at your present residence?		How long have you lived in Dallas County?																	
FORMER RESIDENCE:																			
Are you now employed? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, May we refer to your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>																			
HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC VIOLATIONS? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, explain fully, WHAT, WHERE, WHEN and RESULTS (i.e. Paid fine, Served time in jail).																			
TELEPHONE NUMBERS: HOME: <input type="text"/> CELL: <input type="text"/> BUSINESS: <input type="text"/> EXT: <input type="text"/>																			
(only if applying for Firefighter or Police Officer) DATE OF BIRTH: <input type="text"/>																			
SOCIAL SECURITY NO: <input type="text"/>																			
APPLIED FOR: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Position</th> <th style="width: 50%;">Department</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>						Position	Department												
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NOTE: The existence of a criminal record does not constitute an automatic bar to employment. The type of conviction and how long ago are important. Give all the facts so that an accurate decision can be made.

FOR PERSONNEL OFFICE USE ONLY

HEIGHT: FT. IN. || WEIGHT: LBS.

HAVE YOU EVER SERVED IN THE ARMED FORCES OR ANY RESERVE COMPONENT OF THE UNITED STATES OR OF ANY STATE?
 YES ☐ NO ☐

YES, Have you ever received a DISCHARGE, RELEASE, or SEPARATION from such forces which was other than Honorable?
 YES ☐ NO ☐

YES, Explain Fully: _____

RANCH OF SERVICE: _____

DATE ENLISTED OR INDUCTED	DATE OF SEPARATION	RANK AT TIME OF SEPARATION	RATING

The City of Selma provides a public personnel system based on merit principles. It strives for improvement of public service by employing and developing the best qualified people available. Every job applicant is rated solely on his ability without regard to race, color, creed, sex, political beliefs, national origin, or handicap.

EMPLOYMENT HISTORY

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF SELMA? YES ☐ NO ☐

If YES, include details of such employment in sections below.

HAVE YOU EVER BEEN DISCHARGED OR REQUESTED TO RESIGN FROM ANY POSITION? YES ☐ NO ☐

If YES, please explain: _____

LIST AND DESCRIBE ALL YOUR PAID WORK EXPERIENCE. Include experience in Military Trades or Occupations.
BE SPECIFIC - Part of your rating may depend on the information you give below.
START WITH YOUR PRESENT OR LAST POSITION AND WORK BACK.

Last of Present Job

Employer _____	
Employer's Address _____	
Job Title _____	FROM _____ (Month/Year)
Reason for Leaving _____	TO _____ (Month/Year)
Specific Duties performed _____	Hours per Week _____
	Starting Pay \$ _____ per _____
Supervisor's Name _____ Telephone # _____	Ending Pay \$ _____ per _____

Employer _____	
Employer's Address _____	
Job Title _____	FROM _____ (Month/Year)
Reason for Leaving _____	TO _____ (Month/Year)
Specific Duties performed _____	Hours per Week _____
	Starting Pay \$ _____ per _____
Supervisor's Name _____ Telephone # _____	Ending Pay \$ _____ per _____

Employer _____	
Employer's Address _____	
Job Title _____	FROM _____ (Month/Year)
Reason for Leaving _____	TO _____ (Month/Year)
Specific Duties performed _____	Hours per Week _____
	Starting Pay \$ _____ per _____
Supervisor's Name _____ Telephone # _____	Ending Pay \$ _____ per _____

ADDITIONAL PAID WORK EXPERIENCE.

(Continue to work back)

Dates (Month & Year)		Hours per Week	Employer Name & Address	Last Salary (Per Month)	Your Job Title and Duties
FROM	TO				

Supplemental page supplied in request, if you need additional space for your work application. A resume may be submitted with application if available.

LIST ANY VOLUNTEER WORK AND ALL PERIODS OF UNEMPLOYMENT.

Dates (Month & Year)		Hours per Week	Description of activities or Volunteer Work
FROM	TO		

SUPPLEMENTARY INFORMATION

Do you hold a current and valid Alabama Driver's License? YES ☐ NO ☐

Are you skilled in any trade or profession? YES ☐ NO ☐

If YES, NAME: _____

Do you hold any trade, professional, or other Licenses or Permits? YES ☐ NO ☐ If-

YES, Give title or kind, number, and date of expiration in the space provided below.

Type/Kind: _____ Number: _____ Expiration Date: _____

Additional Information: _____

Are you skilled in the operation or maintenance of any office machines, shop tools, heavy mobile or stationary equipment (such as Accounting Machines, Welding Equipment, Electric Pumps, Power Shovels, etc.)? YES ☐ NO ☐

If YES, name the type of machines or equipment, and the years of experience you have had in the space provided below.

Type/Kind: _____

Years of Experience: _____

Additional Information: _____

LIST ANY RELATIVES WORKING FOR THE CITY OF SELMA

Name: _____ Relationship: _____ Department: _____

Name: _____ Relationship: _____ Department: _____

Name: _____ Relationship: _____ Department: _____

ELEMENTARY AND HIGH SCHOOL EDUCATION

Do you possess a certificate of High School Equivalency (G.E.D.)? YES ☐ NO ☐
(If YES, Submit the Certificate to this office with this application)

COLLEGES AND UNIVERSITIES ATTENDED

HOW MANY UNITS OF CLEP CREDIT ARE INCLUDED WITH YOUR TRANSCRIPT? _____

Are you now working toward a College Degree (Bachelor's, Graduate, or Special)? YES ☐ NO ☐

If YES, name the Diploma or Degree and give the date you expect to receive it: _____ Date: _____

NAME AND LOCATION OF SCHOOLS TRAINING CENTERS, INSTITUTES, ETC.	DATES ATTENDED (Month & Year)		COURSES OR SUBJECTS TAKEN	CERTIFICATES RECEIVED OR OTHER PERTINENT INFORMATION
	FROM	TO		

I hereby certify that I have never been a member of any organization or group which seeks to alter the form of government of the United States by unconstitutional means. I further certify that all answers to the above questions are true and I understand that any misstatement of material facts contained in this application will cause forfeiture upon my part of all rights to any employment subject to the jurisdiction of the City of Selma, Alabama. I understand that this application shall be a confidential record of the personnel department subject to the inspection of the appointing authority as provided by the rules and regulations and to my personal inspection.

BE SURE YOU HAVE ENOUGH TIME TO

Drug abuse while at work or otherwise, seriously endangers the safety of employees and the general public and creates a variety of work place problems including increased injuries on the job, increased absenteeism, increased health and benefits costs, increased work theft, decreased morale, decreased productivity, and a decline in the quality of services provided by the city. As a condition of employment, the city routinely screens job applicants for drug use in order to avoid the problems associated with drug abuse.

Job applicants are required to submit to drug testing at or near the final stage of the hiring process. Any offer of employment will be conditional upon a negative drug test result.

The policy is contained in Rule 8 of the City of Selma personnel rules and regulations which is available for your review.

I have read the I understand the paragraphs above.

Date _____ Applicant's Signature _____

FOR EMPLOYEE SERVICES USE ONLY
TEST RESULTS: (If Applicable)

COMMENTS:

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN: .

I, _____, do hereby authorize any Police Officer of the City of Selma or any other authorized representative bearing this release, within one year of this date, to obtain any information or records from your files pertaining to my employment, military and educational records. I further state that I will not hold you, your firm, or its officers liable for release of this information.

CITY OF SELMA, ALABAMA

Signature of Applicant

Date

Social Security

Signature of Person Receiving Information

APPLICANT'S NAME _____

Computer Skills:

Level (Check X)

	Beginning	Intermediate	Advanced
• MSWRD			
• EXCEL (incl. formulas)			
• POWERPOINT			
• Other Software Packages (List below)			
—			
—			
—			

ACCOUNTING SKILLS:

List formal Accounting Courses Taken: ..

Other experience (i.e., payroll, GL. etc.)

Department Heads – Please distribute to each of your employees.



TO: City of Selma Employees
FROM: Personnel Department
DATE: October 12, 2007
RE: Race or Ethnicity Self-Identification

The City of Selma is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, you are invited to voluntarily self-identify your race or ethnicity.

Providing this information is voluntary and refusal to provide will not subject you to any adverse treatment.

The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to federal government for civil rights enforcement. When the information is reported to the federal government, data will not identify any specific individual.

Please complete the self-identification survey below and return to the Personnel Department no later than October 22, 2007.

Thank you for your cooperation.

Name: _____
PLEASE PRINT: LAST FIRST INITIAL

DEPARTMENT _____

Please check the box that most accurately describes your race/ethnicity. You may check only one (1) box.

- ☐ African American (Not Hispanic or Latino)
- ☐ American Indian or Alaska Native (Not Hispanic or Latino)
- ☐ Asian (Not Hispanic or Latino)
- ☐ Hispanic or Latino
- ☐ Native Hawaiian/Pacific Islander
- ☐ Two or More Races
- ☐ White (Not Hispanic or Latino)



CITY OF SELMA PERSONNEL DEPARTMENT
P.O. BOX 450
Selma, Alabama 36701

To: _____

From: Human Resources
Director

_____ has made application for a job with the City of Selma. Your cooperation in providing us with the information listed below would be greatly appreciated. For your convenience, we have enclosed a stamped, self-addressed envelope.

Please indicate your rating by checking the appropriate column:

	Excellent	Good	Average	Unsatisfactory
Attendance and Punctuality	_____	_____	_____	_____
Ability to communicate	_____	_____	_____	_____
Cooperation with Others	_____	_____	_____	_____
Ability to accept Instructions	_____	_____	_____	_____
Ability to use Proper judgment	_____	_____	_____	_____
Effective Use of Time	_____	_____	_____	_____

Employment Dates: FROM _____ TO _____

Position Held _____

Reason for Leaving _____

Is this individual eligible for rehire? Yes _____ No _____

Additional Remarks: _____

Reference Signature _____ Date ____/____/____

I authorize the above person or Organization to provide The City of Selma with any relevant information that may be required to arrive at an employment decision. I release you as the custodian of such records from any and all liability as a result of compliance with this request.

X _____
Applicant's Name

_____ Social Security Number

X _____
Date



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P.O. BOX 450
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Effective Use of Time	_____	_____	_____	_____

Employment Dates: FROM _____ TO _____

Position Held _____


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 Applicant's Name _____

_____ Social Security Number _____

 Date _____



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P.O. BOX 450
Selma, Alabama 36701

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Director

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Ability to accept Instructions	_____	_____	_____	_____
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~~X~~ Applicant's Name _____

Social Security Number _____

~~X~~ Date _____